

**MULTIPLE INDEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/540217

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	-					
2		-				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9	1					
10	1	1				
11	1	1				
12	1	1				
13	1	1				
14	1	1				
15	1	1				
16		1				
17		1				
18		1				
19		1				
20		1				
21	1	3				
22		1				
23		1				
24		1				
25		1				
26		1				
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41		1				
42	1					
43	1					
44						
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46						
47						
48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.		32				
TOTAL CLAIMS	34					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						